



(Any changes of Name, Address, Furniture, or Equipment may be made directly to this form.)

**DUE DATE: APRIL 15, 2015**

<u>SCHEDULE/ACCOUNT NUMBER</u>		<u>T.A. CODE</u>		<u>B.A. CODE</u>	
SECTION A: OWNER NAME AND ADDRESS					
Owner Name					
Mailing Address					
City, State, Zip					
Name					

SECTION B: PHYSICAL LOCATION OF THE PROPERTY	
Location Address	
City, State, Zip	
Business Type	

SECTION C: CONTACT INFORMATION	
Phone	
Cell	
E-Mail	

[illegible]

Comments: